440.00

PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Proces pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL					Application Number 10/572,793-Conf. #3407					
					ate		March 21, 2006			
					med Inv	entor	Yoshihiko Ku	ıroki .		
Fo	<u>r FY 200</u>	9			er Name	_	I. Sadio	- 41		
Applicant claims sm	nall entity status.	See 37 CFR 1.27	1	Art Unit			2629			
TOTAL AMOUNT OF PAYN		(\$) 440.00		/ Docket	No.	SON-3400				
METHOD OF PAYME	NT (check all	that apply)			•	· · · · · · · · · · · · · · · · · · ·				
		Money Order	No	ne	Other (please iden	tify):	<u> </u>		
	eposit Account Num	· L	0013			-	me: Rader, Fis	hman & Gra	uer PLLC	
For the above-ide	entified deposit	account, the Di	rector is	s hereby	authorize	ed to: (ch	eck all that appl	v)		
	(s) indicated be				¬	•	ndicated below,		e filing fee	
Charge any fee(s) unde	y additional fee(er 37 CFR 1.16	(s) or underpayr and 1.17	nents o	f	Credit	any over	payments			
FEE CALCULATION										
1. BASIC FILING, SEAR		MINATION FEE	<u>.</u> :\$							
		IG FEES		ARCH F	EES	EXAM	INATION FEE	_		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	_	II Entity	Fee (\$	Small Entity Fee (\$)		Paid (\$)	
Utility	330	165	540	_	270	220	110	<u> </u>	<u> </u>	
Design	220	110	100	•	50	140	70			
Plant	220	110	330		165	170	85			
Reissue	330	165	540		270	650				
Provisional	220	110	0		0	0	0			
2. EXCESS CLAIM FEES									Small Entity	
Fee Description	-							Fee (\$)	Fee (\$)	
Each claim over 20 (incl	uding Reissues	;)						52	26	
Each independent claim	over 3 (includi	ng Reissues)						220	110	
Multiple dependent clair	ns							390	195	
Total Claims	Extra Claims	Fee (\$)	F	ee Paid	(\$)		Multiple Deper	ndent Claims		
18 - 32 or HP	0 x	52.00 =		0.00			Fee (\$)	Fee Paid (\$	1	
HP = highest number of total	claims paid for, if g	reater than 20.					***		_	
Indep. Claims	Extra Claims	Fee (\$)	F	ee Paid						
6 - 4 or HP =		220.00 =		440.00						
HP = highest number of inde		d for, if greater than	า 3.							
3. APPLICATION SIZE F If the specification and listings under 37 CF sheets or fraction the	drawings exce FR 1.52(e)), the	application siz	e fee du	ue is \$27	0 (\$135 f)	
Total Sheets	Extra Sheets	<u>Number o</u>	of each a	dditional	50 or frac	ction ther	eof Fee (\$)	Fee I	Paid (\$)	
- 100 =		/50 =		(round u	p to a who	ole numbe	er) x	=		
4. OTHER FEE(S)								Fees	Paid (\$)	
Non-English Specific	ation, \$130 £	e (no small ent	tity disc	ount)						

SUBMITTED BY			Y	Z				<u></u>	
Signature	1			人)	Registration No. (Attorney/Agent)	40,290	Telephone	(202) 955-3750
Name (Print/Type)	Christop	ner M. T	obin					Date	February 2, 2010

Other (e.g., late filing surcharge): 1201 Independent claims in excess of three

FEB 0 2 2010

Application No.	PADEMPRIMEN	Docket No. SON-3400				
TO THE COMMISSIONER FOR PATENTS ansmitted herewith is an amendment in the above-identified application. The commissioner for patents ansmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Highest Numbor Extra Claims Rate Present	Application	Art Uni				
TO THE COMMISSIONER FOR PATENTS ansmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Highest Number Extra Claims Rate	10/572,793-Co	I. Sadio	2629			
TO THE COMMISSIONER FOR PATENTS ansmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CIAIMS AS AMENDED CIAIMS AS AMENDED CIAIMS AS AMENDED CIAIMS AS AMENDED Total Claims Remaining After Previoush Paid Present Rate Total Claims 18 - 32 = 0 x 52.00 0.0 Independent 6 - 4 = 2 x 220.00 440.0 Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: Small Entity No additional fee is required for this amendment. X Please charge Deposit Account No. 18-0013 in the amount of \$ 440.00 A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional links or application processing fees required under 37 CFR 1.16 and Dated: February 2, 201 Christopher M. Tobin Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501	olicant(s): Yos	hihiko Kuroki				·
Total Claims Rate Previously Previousl	ention: DISPL/	AY APPARATU	IS AND METH	OD		
CLAIMS AS AMENDED Claims Romaining Previously Paid Pai		ТО	THE COMMI	SSIONER FO	OR PATENTS	
CLAIMS AS AMENDED Claims Highest Number Extra Claims Previously Extra Claims Present Rate				,		
Claims Romaining After After Amendment Number Previously After After Amendment Paid Number Present	TO TOO TIES DOOR			<u> </u>	NOT CLASS AND SECOND OF	
Total Claims 18 - 32 = 0		Remaining	Highest Number	Number		
Independent Claims 6 - 4 = 2 x 220.00 440.0 Multiple Dependent Claims (check if applicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 440.0 x Large Entity Small Entity No additional fee is required for this amendment. x Please charge Deposit Account No. 18-0013 in the amount of \$ 440.00 A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. x The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. x Charge any additional fine or application processing fees required under 37 CFR 1.16 and Dated: February 2, 201 Christopher M. Tobin Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501			•		Rate	
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity	Multiple Depend	lent Claims (che	eck if applicabl	e)		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity	O41					
x Large Entity No additional fee is required for this amendment. x Please charge Deposit Account No. 18-0013 in the amount of \$ 440.00 A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. x The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. x Charge any additional fing or application processing fees required under 37 CFR 1.16 and Dated: February 2, 201 Christopher M. Tobin Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501	Other fee (pleas	e specity):				
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Please charge Deposit Account No	No additiona	al fee is require	d for this amer	ndment.		
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Christopher M. Tobin Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501	x Credit a	ny overpaymer	nt.			
Christopher M. Tobin Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501	X Charge	any additional fil	ng or application	n processing t	fees required under 3	7 CFR 1.16 and 1.17.
Christopher M. Tobin Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501		1 X	T		•	
Attorney/Agent Reg. No.: 40,290 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501					Dated:	February 2, 2010
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501	-		290			
(202) 955-3750	RADER, FISHN 1233 20th Stree Suite 501 Washington, De	//AN & GRAUE et, N.W. C 20036				